

<b>SERFF Tracking #:</b>	AFLA-128886011	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	American Family Life Assurance Company of Columbus
<b>TOI/Sub-TOI:</b>	H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness		
<b>Product Name:</b>	Lump Sum Critical Illness		
<b>Project Name/Number:</b>	A73000 Series/		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		A73000 Series Rates	A73100DC, A7310HDC, A73050DC, A73051DC	New		LSCIDCRates.pdf

American Family Life Assurance Company of Columbus (Aflac)  
A73000 Monthly Premium Rates  
District of Columbia

Policy Form:		A73100DC			
Non-Tobacco					
10,000 Critical Illness			5,000 Critical Illness Add-on		
Issue Age	Individual or 1-Parent	Primary & Spouse or 2-Parent	Individual or 1-Parent	Primary & Spouse or 2-Parent	
18 - 24	4.42	7.15	0.78	1.43	
25 - 29	4.94	8.06	1.17	1.95	
30 - 34	6.50	10.53	1.56	2.60	
35 - 39	8.84	13.91	2.21	3.64	
40 - 44	11.44	17.42	2.99	4.55	
45 - 49	13.91	21.19	3.77	5.72	
50 - 54	16.25	25.48	4.42	6.89	
55 - 59	18.46	29.90	5.07	8.06	
60 - 64	21.71	36.79	5.98	10.14	
65 - 70	21.71	36.79	5.98	10.14	

Tobacco					
10,000 Critical Illness			5,000 Critical Illness Add-on		
Issue Age	Individual or 1-Parent	Primary & Spouse or 2-Parent	Individual or 1-Parent	Primary & Spouse or 2-Parent	
18 - 24	5.72	9.88	1.43	2.60	
25 - 29	7.15	11.96	1.95	3.38	
30 - 34	9.88	16.12	2.86	4.68	
35 - 39	13.52	21.45	3.90	6.37	
40 - 44	17.55	27.04	5.33	8.06	
45 - 49	21.45	33.02	6.50	9.88	
50 - 54	25.09	39.78	7.80	11.96	
55 - 59	28.34	46.41	8.84	14.17	
60 - 64	33.15	56.68	10.40	17.68	
65 - 70	33.15	56.68	10.40	17.68	

Policy Form:		A7310HDC			
Non-Tobacco					
10,000 Critical Illness			5,000 Critical Illness Add-on		
Issue Age	Individual or 1-Parent	Primary & Spouse or 2-Parent	Individual or 1-Parent	Primary & Spouse or 2-Parent	
18 - 24	4.29	7.02	0.78	1.43	
25 - 29	4.81	7.93	1.17	1.95	
30 - 34	6.37	10.40	1.56	2.60	
35 - 39	8.71	13.78	2.21	3.64	
40 - 44	11.31	17.29	2.99	4.55	
45 - 49	13.78	21.06	3.77	5.72	
50 - 54	16.12	25.35	4.42	6.89	
55 - 59	18.33	29.77	5.07	8.06	
60 - 64	21.58	36.66	5.98	10.14	
65 - 70	21.58	36.66	5.98	10.14	

Tobacco					
10,000 Critical Illness			5,000 Critical Illness Add-on		
Issue Age	Individual or 1-Parent	Primary & Spouse or 2-Parent	Individual or 1-Parent	Primary & Spouse or 2-Parent	
18 - 24	5.59	9.75	1.43	2.60	
25 - 29	7.02	11.83	1.95	3.38	
30 - 34	9.75	15.99	2.86	4.68	
35 - 39	13.39	21.32	3.90	6.37	
40 - 44	17.42	26.91	5.33	8.06	
45 - 49	21.32	32.89	6.50	9.88	
50 - 54	24.96	39.65	7.80	11.96	
55 - 59	28.21	46.28	8.84	14.17	
60 - 64	33.02	56.55	10.40	17.68	
65 - 70	33.02	56.55	10.40	17.68	

Policy Form:		A73050DC			
Non-Tobacco					
10,000 Cancer			5,000 Cancer Add-on		
Issue Age	Individual or 1-Parent	Primary & Spouse or 2-Parent	Individual or 1-Parent	Primary & Spouse or 2-Parent	
18 - 24	2.73	4.68	1.30	2.34	
25 - 29	3.77	5.85	1.82	2.86	
30 - 34	5.07	7.41	2.47	3.64	
35 - 39	6.63	9.49	3.25	4.68	
40 - 44	8.84	12.87	4.29	6.37	
45 - 49	11.05	17.03	5.46	8.32	
50 - 54	13.91	22.10	6.76	10.79	
55 - 59	17.16	27.04	8.45	13.26	
60 - 64	20.67	32.11	10.14	15.73	
65 - 70	20.67	32.11	10.14	15.73	

Tobacco					
10,000 Cancer			5,000 Cancer Add-on		
Issue Age	Individual or 1-Parent	Primary & Spouse or 2-Parent	Individual or 1-Parent	Primary & Spouse or 2-Parent	
18 - 24	4.81	8.06	2.34	4.03	
25 - 29	6.50	10.14	3.25	4.94	
30 - 34	8.84	12.74	4.29	6.24	
35 - 39	11.70	16.51	5.72	8.19	
40 - 44	15.34	22.36	7.54	11.05	
45 - 49	19.24	29.38	9.49	14.43	
50 - 54	24.31	38.22	11.96	18.85	
55 - 59	29.90	46.80	14.69	23.14	
60 - 64	36.01	55.64	17.68	27.43	
65 - 70	36.01	55.64	17.68	27.43	

Policy Form:		A73051DC	
Issue Age	Individual or 1-Parent	Primary & Spouse or 2-Parent	
18 - 24	70%	70%	
25 - 29	70%	70%	
30 - 34	70%	70%	
35 - 39	70%	70%	
40 - 44	70%	70%	
45 - 49	70%	70%	
50 - 54	70%	70%	
55 - 59	70%	70%	
60 - 64	70%	70%	
65 - 70	70%	70%	

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<b>TOI/Sub-TOI:</b>	H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness		
<b>Product Name:</b>	Lump Sum Critical Illness		
<b>Project Name/Number:</b>	A73000 Series/		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter All Filings		
Comments:			
Attachment(s):			
DC Rate filing letter.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Certificate of Authority to File		
Bypass Reason:	N/A		

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum		
Comments:			
Attachment(s):			
LSCIDCMemo.pdf			
LSCIDCAAttach1.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Actuarial Justification		
Bypass Reason:	Included in the Actuarial Memo attached above.		

		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		
Bypass Reason:	N/A		

		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Bypass Reason:	N/A-new filing		

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		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet		
Bypass Reason:	N/A-New filing		



*Rita S. Golden, HIA, AIRC, ACS, MHP*  
*Director, Regulatory Compliance*  
*Compliance Department*

February 11, 2013

The Department of Insurance & Securities Regulation  
Products Analysis Division  
810 First Street, N.E., Suite 701  
Washington, DC 20002

NAIC # 60380

**RE: Rates and Actuarial Memorandum for our Lump Sum Critical Illness Policy Forms A73100DC and A7310HDC, Lump Sum Cancer Benefit Rider Form A73050DC, and Return of Premium Benefit Rider Form A73051DC**

This is a new filing for the referenced rate information being submitted for your review and approval. The tracking number for the SERFF Form filing which corresponds with this filing is AFLA-128886013. The filing description is as follows.

Lump Sum Critical Illness Policy Form A73100DC provides benefits for major critical illness events. Eligible critical illness events include Heart Attack, Stroke, End-Stage Renal Failure, Coma, Paralysis, and Major Human Organ Transplant occurring after the Effective Date of coverage. The Major Critical Illness Event Benefit is payable one time per covered person. Benefits for a covered spouse and covered dependent children pay 50% of the primary benefit amount.

Lump Sum Critical Illness Policy Form A7310HDC is compatible for use with HSA plans and provides benefits for major critical illnesses that are due to certain diseases or events, as required for an HSA-compatible policy. Eligible critical illnesses include Heart Attack due to coronary artery disease or acute coronary syndrome, Ischemic Stroke due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain; Hemorrhagic Stroke due to uncontrolled high blood pressure, malignant hypertension, brain aneurysm, or arteriovenous malformation; End-Stage Renal Failure due to kidney disease; Coma due to a covered Injury; or Paralysis due to a covered Injury occurring after the Effective Date of coverage. The Major Critical Illness Benefit is payable one time per covered person. Benefits for a covered spouse and covered dependent children pay 50% of the primary benefit amount.

The Subsequent Critical Illness Event benefit will be paid at \$5,000 for the primary covered person. These events must be separated by 180 days. The policy also provides a Coronary Artery Bypass Graft Surgery benefit and this benefit is independent of the 180 day separation period.

The policies will be marketed to applicant's age 18 through 70 on a payroll basis. Coverage will reduce by one-half on the insured's 75<sup>th</sup> birthday.

Lump Sum Cancer Benefit Rider Form A73050DC pays a lump sum when the insured is diagnosed with Internal Cancer. The rider also provides a Carcinoma In Situ Benefit that pays \$3,000 (primary) upon a covered person's onset date of Carcinoma In Situ. There is also a benefit for cancer-related death that pays 25% of the Internal Cancer Benefit amount when a covered person suffers a cancer-related death. Benefits for a covered spouse and covered dependent children pay 50% of the primary benefit amount. This rider is available with Lump Sum Critical Illness Policy Forms A73100DC and A7310HDC.

Return of Premium Benefit Rider Form A73051DC provides for a maximum refund of premiums paid if both the policy and rider remain in force for 20 consecutive years. This rider is available with Lump Sum Critical Illness Policy Forms A73100DC and A7310HDC.

Application Form A73001cDC will be used to apply for the policies and riders on a payroll basis.

Brackets are included around the "Check Coverage Desired" section in all applicable application forms to allow us to change the coverage offered if needed. For example, if one of our accounts requests a specific "coverage package" we would be able to adjust the coverage desired section to accommodate their requests.

Reinstatement Application Form A73003DC will be used to reinstate a lapsed policy.

Endorsement Form A7390DC will be used to waive the preexisting provision in the policy. If an insured was insured with another critical illness insurance policy that was in force within 60 days of the Effective Date of this policy, then the length of the previous coverage was continuously in force, ending within 60 days of the Effective Date of this policy, will be applied toward the satisfaction of the Pre-existing Condition Limitations of this policy. Any increased benefit amounts resulting from the replacement of the previous coverage with this new coverage will be subject to a new Pre-Existing Condition Limitations provision beginning with the Effective Date of this new coverage.

I certify that the enclosed forms meet the minimum reading ease score for the FLESCH test. I further certify the scores for each form are as follows:

	<b><u>FLESCH Score</u></b>
Policy Form A73100DC	64.57
Policy Form A7310HDC	63.66
Rider Form A73050DC	63.99
Rider Form A73051DC	79.22
Payroll Application Form A73001cDC	64.27
Reinstatement Application Form A73003DC	66.03
Endorsement Form A7390DC	55.83

An actuarial memorandum and rate sheets are enclosed for your review and approval.

Aflac reserves the right to alter the format of the forms without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. Any changes to wording or content would be filed for prior approval. We have included brackets in all forms around the address, telephone number, web site, and officer signatures in the event these change in the future. We also

reserve the right to use these forms in an electronic format, but Aflac certifies we will retain the filed final print format.

This filing has been prepared by Leslie Steele. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-2971, by fax at (706) 660-7080 or email at [lmsteele@aflac.com](mailto:lmsteele@aflac.com).

Sincerely,

A handwritten signature in cursive script that reads "Rita Golden". The signature is written in black ink and is positioned below the word "Sincerely,".

RG/LS/lis



American Family Life Assurance Company of Columbus (Aflac)  
Actuarial Memorandum  
District of Columbia

Applicable forms: Lump Sum Critical Illness Policy (A73100DC)  
Lump Sum Critical Illness Policy (A7310HDC)  
Lump Sum Cancer Rider (A73050DC)  
Return of Premium Rider (A73051DC)

Scope and Purpose

These policies and riders are primarily intended to provide supplemental coverage for costs associated with critical illness. These policies are guaranteed renewable, subject to Aflac's right to revise premiums on a class basis by state. These policies will be marketed individually through agents of Aflac and through brokers. This filing is intended for the purpose of filing with the state insurance department. It is not intended for any other purpose.

Benefit Description

This filing contains two base policies and two policy riders. Summaries of the benefits for each plan and rider are included as attachment 1.

Renewability Clause

These policies are guaranteed renewable for life.

Calculation Method

Premiums are based on issue age and are anticipated to remain level over the policies' lifetimes. The premiums were calculated by projecting experience over the anticipated life of the policy and tested to demonstrate compliance with appropriate loss ratio standards. Assumptions used in the calculations include:

Morbidity

Claim cost assumptions are based on applicable company data.

Persistency

The persistency assumptions for these forms are based on applicable company data and actuarial judgment. Mortality rates are included in the termination assumption.

Distribution

The anticipated issue distribution, by age and family coverage type, is based on applicable company data.

Premium Classes

All rates apply to both males and females. The following coverage types are available for sale:

1. Individual: covering the Named Insured only.
2. One-Parent Family: covering the Named Insured and Dependent Children.
3. Named Insured / Spouse Only: covering the Named Insured and Spouse.
4. Two-Parent Family: covering the Named Insured, Spouse and Dependent Children.



These policies can be sold and billed as follows:

Payroll policies written on an individual basis to employees of common employer groups with premiums collected through the payroll deduction process or any other method agreed to by Aflac and the employers.

Transfer policies are policies that were originally sold through payroll deduction/union to persons that later leave their employer group and are then billed on an individual basis.

Union policies are written on members of credit, trade, or labor unions not billed through payroll deduction where the members pay their premium directly to the company or through a central billing agency.

Rates are issue age banded and are different for tobacco users.

#### Issue Age Range

These policies will be issued to ages 18 through 70.

#### Average Annual Premium

The anticipated average annual premium for this policy form series is \$334.82.

#### Premium Modalization Rules

These policies use the following modal factors:

Weekly	= Annual / 52
Biweekly	= Annual / 26
Semimonthly	= Annual / 24
Monthly	= Annual / 12
10-Month	= Annual / 10
9-Month	= Annual / 9
8-Month	= Annual / 8
Quarterly	= Annual / 4
Semiannual	= Annual / 2

#### Lifetime Loss Ratio

The anticipated lifetime loss ratio for this policy form series meets or exceeds 50%.

#### Actuarial Certification

To the best of my knowledge and judgment, this rate filing is in compliance with applicable state laws and the Actuarial Standards of Practice No. 8. The benefits provided are reasonable in relation to the premiums proposed.



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Jason Van Pelt, FSA, MAAA

02/01/2013

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Date



American Family Life Assurance Company of Columbus (Aflac)  
Attachment 1  
Benefit Summary

Policy Form: Lump Sum Critical Illness Policy (A73100DC)

If more than one loss per covered person occurs on the same day, only the highest eligible benefit will be paid. Benefits for a covered spouse and covered dependent children pay 50% of the primary's benefit amount. Benefits for all covered persons reduce by 50% for losses incurred on or after the person's 75<sup>th</sup> birthday.

- A) Major Critical Illness Event Benefit  
Pays an indemnity amount when a covered person has any of the following critical illness events: heart attack, stroke, end-stage renal failure, coma, paralysis, or major human organ transplant. This benefit is payable once per covered person, per lifetime.
- B) Subsequent Critical Illness Event Benefit  
Pays \$5,000 for the primary covered person when a covered person has a recurrence of the same critical illness event or occurrence of a different critical illness event. These events must be separated by 180 days.
- C) Coronary Artery Bypass Graft Surgery Benefit  
Pays \$3,000 for the primary covered person when a covered person undergoes coronary artery bypass graft surgery. This benefit is payable once per covered person, per lifetime.
- D) Sudden Cardiac Arrest Benefit  
Pays \$10,000 for the primary covered person when a covered person experiences sudden cardiac arrest. This benefit is payable once per covered person, per lifetime.

Policy Form: Lump Sum Critical Illness Policy (A7310HDC)

This policy form is compatible for use with HSA plans. If more than one loss per covered person occurs on the same day, only the highest eligible benefit will be paid. Benefits for a covered spouse and covered dependent children pay 50% of the primary's benefit amount. Benefits for all covered persons reduce by 50% for losses incurred on or after the person's 75<sup>th</sup> birthday.

- A) Major Critical Illness Event Benefit  
Pays an indemnity amount for major critical illness due to certain events as required for an HSA compatible policy. Eligible critical illnesses are listed below. This benefit is payable once per covered person, per lifetime.
  - Heart attack due to coronary artery disease or acute coronary syndrome
  - Ischemic stroke due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain
  - Hemorrhagic stroke due to uncontrolled high blood pressure malignant hypertension, brain aneurysm, or arteriovenous malformation
  - End-stage renal failure due to kidney disease
  - Coma due to a covered injury
  - Paralysis due to a covered injury
- B) Subsequent Critical Illness Event Benefit  
Pays \$5,000 for the primary covered person when a covered person has a recurrence of the same critical illness or occurrence of a different critical illness due to certain events. These events must be separated by 180 days.
- C) Coronary Artery Bypass Graft Surgery Benefit

Pays \$3,000 for the primary covered person when a covered person undergoes coronary artery bypass graft surgery due to acute coronary artery disease or acute coronary syndrome. This benefit is payable once per covered person, per lifetime

D) Sudden Cardiac Arrest Benefit

Pays \$10,000 for the primary covered person when a covered person experiences sudden cardiac arrest due to cardiac rhythm abnormalities or acute coronary syndrome. This benefit is payable once per covered person, per lifetime.

Policy Rider Form:      Lump Sum Cancer Rider (A73050DC)

If more than one loss per covered person occurs on the same day, only the highest eligible benefit will be paid. Benefits for a covered spouse and covered dependent children pay 50% of the primary's benefit amount. Benefits for all covered persons reduce by 50% for losses incurred on or after the person's 75<sup>th</sup> birthday.

A) Internal Cancer Benefit

Pays an indemnity amount upon a covered person's onset date of internal cancer. This benefit is payable once per covered person, per lifetime.

B) Carcinoma In Situ Benefit

Pays \$2,000 for the primary insured upon a covered person's onset date of carcinoma in situ. This benefit is payable once per covered person, per lifetime.

C) Cancer-related Death Benefit

Pays 25% of the amount payable for internal cancer when a covered person suffers a cancer-related death.

Policy Rider Form:      Return of Premium Rider (A73051DC)

This rider will provide a cash value based on premiums paid less claims paid for the policy and riders it is attached to after this rider has been in force for 5 years. The premium for this rider and the cash values will be based on the premium amount on the effective date of this rider. After this rider has been in force for 20 years, any applicable cash value will be paid and this rider will terminate.